Homeless

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The Centers for Disease Control and Prevention (CDC) estimates that at least 643,000 persons in the US were homeless on any given night in 2009, while approximately 1.56 million Americans spent at least one night in a shelter during the same year. Compared to the general population, HIV disease is more prevalent among the homeless. The National Alliance to End Homelessness reported that in 2006, an estimated 3.4% of homeless individuals were HIV-positive, compared to 0.4% of adults and adolescents in the general population (CDC, 2010). In addition, common diseases among the homeless population include heart and liver diseases, cancer, pneumonia, skin infections, tuberculosis (TB), sexually transmitted diseases (STDs) and others (NCH, 2009a).

Homeless persons are more likely to engage in HIV and STD risk behaviors such as alcohol and drug use, needle sharing, unprotected sex, and exchanging sex for money, drugs, or a place to stay. A large-scale multi-site survey reported that homeless persons living with HIV/AIDS (PLWHA) were more likely to have a greater number of sexual partners in the previous year, were more likely to exchange sex for money and drugs, and were nearly twice as likely to engage in unprotected sex than PLWHA who had a stable residence (Kidder, 2008).

In addition to higher prevalence of risky behaviors, the homeless population experiences many barriers for health care access which contribute to their overall poorer state of health. These include lack of health insurance or inadequate coverage, not knowing where to get treated, high costs of care, psychological distress, lack of transportation and lack of identification (NCH, 2009a). Those with conditions such as HIV disease or TB need regular and uninterrupted treatment, but being homeless makes access to medication and continuing care difficult to achieve (NCH, 2009a; NCH, 2009b). Furthermore, people who are homeless experience stress, depression, and other psychological factors that have been shown to increase the progression of HIV disease (NCH, 2009b).

Among 132 HIV positive individuals in Virginia who were interviewed by the Medical Monitoring Project (MMP) in 2009, ten percent stated that they experienced a period of homelessness in the 12 months before the interview.

Currently, there is only one federally funded program—Health Care for the Homeless—that provides primary health care to the homeless population. While it serves more than 740,000 homeless persons per year, more programs are needed (NCH, 2009a). The National Coalition for the Homeless recommends comprehensive HIV prevention and care services to be provided to homeless PLWHA, including prevention and educational programs at shelters, soup kitchens, and other easily accessible locations, HIV testing, case management, mental health services, basic health care, group interventions, and coordinated care networks (NCH, 2009b).

REFERENCES

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